

APR 23 2007

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Effective on 12/08/2004.

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$2010.00)

| Complete if Known      |                            |
|------------------------|----------------------------|
| Application Number     | 10/057,735                 |
| Filing Date            | January 22, 2002           |
| First Named Inventor   | Christopher Tzann-En Szeto |
| Examiner Name          | Maniwang, Joseph R.        |
| Art Unit               | 2144                       |
| Attorney Docket Number | 50269-0585                 |

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 50-1302 Deposit Account Name: Hickman Palermo Truong & Becker LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |              | SEARCH FEES |              | EXAMINATION FEES |              |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|
|                  | Fee (\$)    | Small Entity | Fee (\$)    | Small Entity | Fee (\$)         | Small Entity |
| Utility          | 300         | 150          | 500         | 250          | 200              | 100          |
| Design           | 200         | 100          | 100         | 50           | 130              | 65           |
| Plant            | 200         | 100          | 300         | 150          | 160              | 80           |
| Reissue          | 300         | 150          | 500         | 250          | 600              | 300          |
| Provisional      | 200         | 100          | 0           | 0            | 0                | 0            |

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims   | Fee (\$) | Fee Paid (\$) | Small Entity | Fee (\$) | Fee (\$) |
|--------------|----------------|----------|---------------|--------------|----------|----------|
| 35           | - 20 or HP = 0 | x        | =             |              | 50       | 25       |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
| 5             | - 3 or 4 = 1 | x 200.00 | = 200.00      |

HP = highest number of independent claims paid for, if greater than 3

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fees Paid (\$) |
|--------------|--------------|--|----------|----------------|
|              | - 100 =      | / 50 = (round up to a whole number) x            | =        | Fees Paid (\$) |

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) RCE fee and extension of time (3 months)

## SUBMITTED BY

Signature

Name (Print/Type)

Joseph M. Olsen

Registration No. 58,764  
(Attorney/Agent)

Telephone 408.141.1233

Date 04/18/07

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option